

DECLARATION FOR UTILITY PATENT APPLICATION

I Jeff Ketzler am the sole owner of United Dental Systems, invented the Process to prevent fracture of Endodontically treated Teeth During Post Placement through the use of a sleeve made of metal or other machined materials is passively cemented into the post space of a humans tooth root's pulp canal and absorbs the wedge -like lateral forces against the canal walls of post's subsequent insetion. Further. Internally threading such a sleeve to be used with matching integrally threaded post creates a system whereby a single diameter of post can be used for almost all size human tooth pulp canals simply by keeping inner diameter constant while varying sleeve outer diameter to fit particuler canal size into which a post will be placed. I believe this proprietary papentable process and utiliy as, described further, and that no other device or system of this type exists in the dental industry. This process will save countless endodotically treat human teeth from inadvertent and usually irreparable root fracures which which all too often occur during post placenent in the restoration of these teeth.

Should any addtional information be required , please do not hesitate to contact me.

Phone number (207) 282-8462

Sincerely,

Jeff Ketzler 

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

Attorney Docket Number

First Named Inventor

COMP

Jeff Ketzler

Application Number

NONE

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS TO PREVENT FRACTURE OF ENDODONTICALLY TREATED TEETH DURING POST PLACEMENT

(Title of the invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

[Page 1 of 5]

<h2 style="margin: 0;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</h2> <div style="margin-top: 20px;"> <input checked="" type="checkbox"/> Declaration OR Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing </div>	Attorney Docket Number	
	First Named Inventor	
	COMPL <i>Jeff Ketzler</i>	
	Application Number	
	<i>NONE</i>	
	Filing Date	
Group Art Unit		
Examiner Name		

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PROCESS TO PREVENT FRACTURE OF ENDODONTICALLY
TREATED TEETH DURING POST PLACEMENT

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I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

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NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Please type a plus sign (+) inside this box → ☐

Approved for use through 9/30/98. OMB 0501-0001
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
N/A			

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
NONE			

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	Jeff Ketzler		
Address	115 Main St Suite 2		
Address	Boddeford Maine		
City	Boddeford Maine		
Country	USA		
I hereby declare true; and			
imprisonment the applicat			
Name of	Inventor: (207) 282-8462		
Given Name	Middle Initial	Family Name	Suffix e.g. Jr.
Jeffery	A	Ketzler	N/A
Inventor's Signature	Date		
	01/08/03		
Residence: City	Country	Citizenship	
115 Main St Suite 2	U.S.A.	U.S.	
Post Office Address	Boddeford ME 04005		
Post Office Address			
City	State	Country	
		U.S.A.	

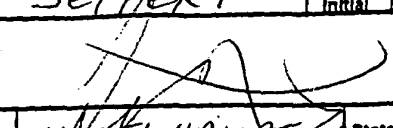
☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box → ☐

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	JEFFERY		Middle Initial	A	Family Name	KETZLER		Suffix e.g. Jr.	N/A
Inventor's Signature						Date	11/11/97		
Residence: City	NORTH HAMPTON		State	NH	Country	U.S.A.		Citizenship	U.S.
Post Office Address									
Post Office Address									
City			State		Zip			Country	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip			Country	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip			Country	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip			Country	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip			Country	

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box → ☐

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
NONE			

**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))—INDEPENDENT INVENTOR**

Docket Number (Optional)

Applicant or Patentee: Jess Ketzler

Application or Patent No.: NONE

Filed or Issued: N/A

Title: PROCESS TO PREVENT FRACTURE OF ENDOODONTICALLY
TREATED TEETH DURING POST PLACEMENT

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ No such person, concern, or organization exists.
☒ Each such person, concern, or organization is listed below.

Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR

Signature of inventor

Date

JEFFERY A. KETZLER/UNITED DENTAL SYSTEMS

NAME OF INVENTOR

Signature of inventor

Date

NAME OF INVENTOR

Signature of inventor

Date